

2015 HAMPSTEAD FARMERS' MARKET VENDOR APPLICATION

PLEASE PRINT CLEARLY

Business Name (if applicable): _____

Business/Farm Address: _____

(city)

(state)

(zip code)

Vendor's Name: _____

County where products/crops grown or produced: _____

Vendor's mailing address (if different from above): _____

Daytime Phone: _____ Evening Phone: _____

Email: _____

Your business website: _____

1. Complete this Application, the Vendor's Certification/Agreement and the Release and Indemnification Form. Applications will be accepted **throughout the entire Market season**. For participation in the June 6, 2015, Farmers' Market:
2. NO LATER THAN **MAY 1, 2015**, send
 - a. this completed & signed Vendor Application form; PLUS
 - b. the completed & signed Vendor's Certification/Agreement Form; PLUS
 - c. the signed Release and Indemnification Form; AND
 - d. a check in the amount of \$80 for the first 10' x 10' space and \$40 for each additional 10' x 10' space payable to the Hampstead Farmers' Market.
3. All forms and checks should be sent to:

Hampstead Farmers' Market
P. O. Box 702
Hampstead, MD 21074

(continued on reverse side)

DESIRED SPACE REQUIREMENTS AT MARKET

Number of 10'x10' spaces desired to be reserved: _____

Please CIRCLE the dates you will be selling at the Market:

June 6	July 4	Aug. 1	Sept. 5
June 13	July 11	Aug. 8	Sept. 12
June 20	July 18	Aug. 15	Sept. 19
June 27	July 25	Aug. 22	Sept. 26
		Aug. 29	

Signature _____

Date _____

FOR JUNE 6, 2015, PARTICIPATION, RETURN NO LATER THAN MAY 1, 2015 to

**HAMPSTEAD FARMERS' MARKET
P.O. Box 702
HAMPSTEAD, MD 21074**

After June 6, applications will be accepted throughout the entire Market season.

**** Please provide brief biographical information describing you and your products. This will be included on the Market's website, www.hampsteadfarmersmarket.com. A separate sheet with your information may be attached if necessary. Thank you!

Questions? Contact Marlene Duff @ 443-821-1339 or
Sharon Callahan @ 443-605-9984